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SPECIAL EDUCATION FOR HANDICAPPED CHILDREN.

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A BRIEF, GENERAL DESCRIPTION IS PRESENTED OF THE PROGRAM FOR HANDICAPPED CHILDREN IN THE DETROIT PUBLIC SCHOOLS. A HISTORY OF THE PROGRAM, PROCEDURES FOR ADMISSION AND RELEASE OF CHILDREN, ORGANIZATION, CURRICULUM, TEACHING PERSONNEL, AND CURRENT RESEARCH ARE INCLUDED. INFORMATION IS ALSO PROVIDED ON A PROGRAM FOR FOREIGN CHILDREN, TRANSPORTATION OF PHYSICALLY HANDICAPPED AND TRAINABLE MENTALLY HANDICAPPED STUDENTS, AND VOCATIONAL REHABILITATION. (MK)

Special Education

FOR HANDICAPPED CHILDREN



DETROIT PUBLIC SCHOOLS

ED011423

DETROIT PUBLIC SCHOOLS

Division for Improvement of Instruction

Department of Special Education

**U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION**

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Special Education

FOR HANDICAPPED CHILDREN

**PUBLICATION 5-390 INF
THE BOARD OF EDUCATION
OF THE CITY OF DETROIT
1965**

Dedicated to

CHARLES SCOTT BERRY

ALICE B. METZNER

ANNA M. ENGEL

who

through their vision and leadership
organized and developed an exemplary
program of special education for
handicapped children and youth in the
Detroit Public Schools

COVER PICTURE—*Learning to talk is fun.*

Foreword

This brochure has been prepared to provide interested readers with an overview of the educational programs and services for handicapped children and youth enrolled in the Detroit Public Schools. Space limitations do not permit an extensive portrayal of the total program. Consequently, this report is focused on some of the general aspects of the educational plan for these pupils.

The brochure is divided into sections according to areas of exceptionality. Other portions describe a five-year, research-demonstration program designed for older mentally retarded youth and the program of transportation for physically handicapped and trainable mentally retarded children.

In general, each section includes information on such topics as history of the program, procedures for admission and release, organization, curriculum, teaching personnel, and research. Pictures are included to enhance understanding of the various programs.

If the reader desires more specific information on any part of the program, a letter to the Department of Special Education will be acknowledged.

PAUL H. VOELKER
Divisional Director (1945-1965)
Department of Special Education

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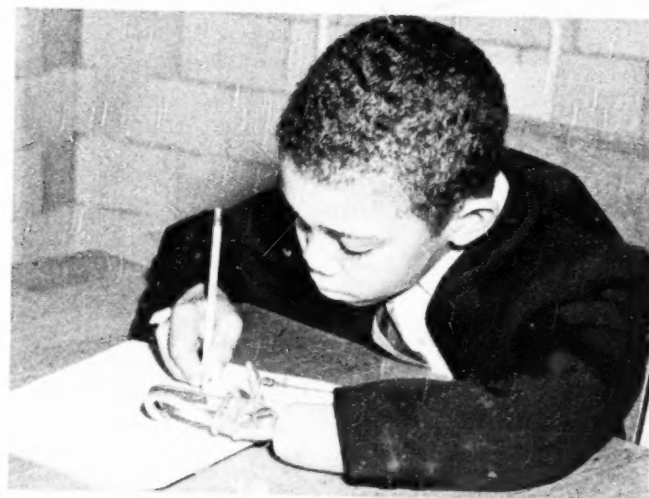
Imitating the lip formation and feeling the vibration within the cheek and throat of the teacher helps this hard-of-hearing child learn to speak.



A doctor examines a pupil's ear in a speech and hearing clinic.



The blind learn arithmetic through touch



Overcoming handicaps is the aim of the orthopedic program.

History

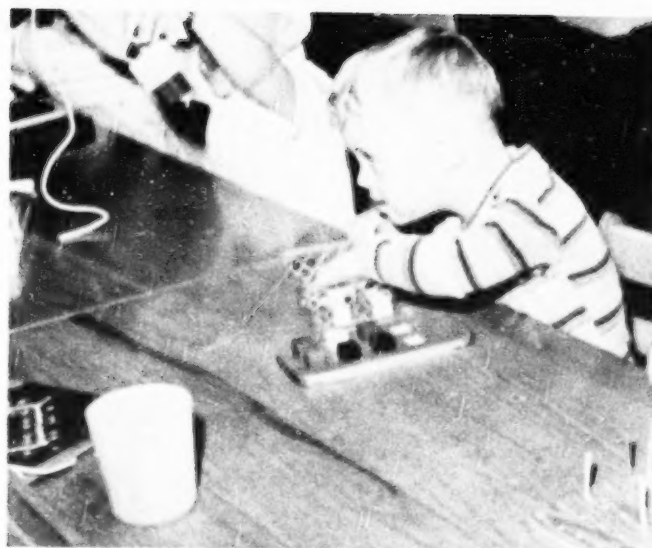
THE FIRST CLASS for exceptional children in the Detroit Public Schools was started in 1883. This class was designed for younger teen-age boys who were truants from school and causing trouble in the community. In 1898 the first classes for deaf children were organized. In 1900 a grade school for these children was opened. In 1901 a special room for "backward children" of all ages was started. This group was comprised of children who gave evidence of being retarded even though specialized testing had not yet been developed. Following in close succession, during the following two decades, special-education programs were organized for crippled children, pupils with vision impairments, boys and girls with speech handicaps, mentally retarded children, and pupils with lowered vitality.

In 1924 a program for homebound children was introduced, and in 1926 classes for boys and girls in hospitals and sanatoria were started. Pre-school programs for some handicapped children as young as three years of age were organized, as it became clear that early education for these boys and girls would enhance their learning potential.

In 1935 a special school for children with epileptic seizures was organized. Recently, as a consequence of anti-convulsant drugs, this special school was discontinued. Most of the children so handicapped are now placed in regular grades. Those whose seizures cannot be controlled are provided with special programs in the schools for crippled children.



A pupil acquires muscle control.



The first step in training may be the learning of a simple task.



In 1946 the Wayne County Board of Supervisors requested the Detroit Board of Education to assume responsibility for the educational program for boys and girls placed in the Wayne County Juvenile Detention Home. Several years ago a new Youth Home was constructed with modern classrooms and shops as integral parts of the building. A complete educational program for these pupils was organized with the principal and teachers employed by the Detroit Board of Education and under the direction of the Department of Special Education. The costs of instructional supplies and equipment, as well as 50 per cent of the personnel salaries, are paid by Wayne County.

For many years Detroit has attracted many immigrants. Older children from non-English speaking countries frequently found it difficult to make a satisfactory educational adjustment in regular-grade classes. To help these children learn the English language and become familiar with American traditions and customs, the Department of Special Education was requested in 1946 to develop an appropriate educational program. These classes for foreign-born children have been supervised by this department since that time.

Special classes for children with lower-intelligence levels were established in 1913. The major criterion for placement in these classes was a mental age between 3.0 and 5.0. The I.Q. range was from 40 to 60. In 1962 a state plan for the education of trainable mentally retarded children was inaugurated. A special-education program for these children was started in the Detroit Public Schools in 1963.



Work for the hands often makes problems of adjustment easier.



Pre-vocational training adds to student competence.

General Organization

FROM ITS INCEPTION the education of handicapped children in the Detroit Public Schools was viewed as an undertaking which required the combined efforts of the various departments of the school system. Traditionally, administrators, supervisors, teachers, and specialists throughout the schools have cooperatively planned and assisted in the implementation of all aspects of special education.

The leadership staff of the Department of Special Education is comprised of a divisional director, supervisors, principals of special-education schools, special-project directors, and a transportation expert. The department is a part of the Division for Improvement of Instruction with an assistant superintendent as its head.

In Detroit the special-education program has been tailored to meet the particular needs of handicapped children. The extent and type of program depend on the nature and degree of the handicap. Some pupils require the full-time service of a special teacher in a special class or school. Others may profitably spend a portion of their time in the regular grades with non-handicapped children. In other instances, the special child may be enrolled in the regular grades and obtain services of a special teacher only a small portion of the day or week. Whatever the child's handicap, be it physical, mental, or emotional, the special-education program must be one which seeks to minimize the disability and capitalize on the strengths and assets.

It is generally recognized that the worth of the special-education program depends, in large measure, on the competencies of the teacher. Consequently, the teachers in Detroit are selected with care. They are required to meet the standards established by the Detroit Board of Education as well as those maintained by the Department of Public Instruction of the State of Michigan for teachers of exceptional children.

Special curricular content is necessary for most handicapped children. The amount of curriculum modification depends on the kind of handicap and the degree of impairment. A special *Curriculum Guide for Teachers of Mentally Retarded Pupils* has been prepared for use in the Detroit Public Schools.

Special building features and teaching equipment are utilized whenever such facilities enhance the learning of the pupils. Children with crippling conditions and chronic health problems may require ramps, elevators, and specially designed furniture. Group hearing aids and acoustically treated classrooms, Braille materials, and low-vision aids for children with hearing and vision impairments are additional illustrations of special equipment used in the education of handicapped boys and girls.

Class size varies, depending upon the nature and severity of the handicap. In some instances, six or seven pupils may constitute the maximum teaching load, while in other cases fifteen or more children may be enrolled in the class. The entry age differs from one type of handicapped pupil to another. Deaf and blind children may be accepted as young as three years of age, while other pupils may enter at five years of age. Many pupils enrolled in regular grades are transferred at a later date into the special-education program. Conversely, special pupils who no longer need special programs or services are transferred into the regular grades. Some handicapped boys and girls are not able to leave special education and are retained as long as they can profit from the program. State reimbursement is permissible to the age of twenty-one for retarded and twenty-five for physically handicapped children.

Each type of program has definite procedures and standards for entry. Various clinics have been established in the schools to aid in the identification of eligible children. Examinations are conducted by psychologists and medical specialists, as well as other recognized authorities. Some pupils are required to attend special classes outside of their school vicinity. Coaches and taxicabs are chartered to provide transportation to and from school for most of these children. Whenever possible, older pupils are urged to travel by public transportation since this experience helps them learn how to move around the community.

The table on pages 30 and 31 shows the different types of special-education classes and eligibility requirements for entry into the programs.

Program for

VISUALLY HANDICAPPED CHILDREN — THE BLIND AND PARTIALLY SEEING

VISUALLY HANDICAPPED children are designated as "blind" if they use Braille as their means of reading, or "partially seeing" if they are able to read print. However, because of progress in eye care and the use of low-vision aids, it is becoming more difficult to separate these pupils into definite teaching groups.

Detroit's first class for the blind was established in 1912; the first class for the partially seeing was opened in 1915. The need for the latter grew out of the fact that certain visually limited children could not use advantageously much of the educational material provided for regular grade pupils, yet they had too much sight to be educated as blind children.

Since the programs for both the blind and partially seeing are administered as a unit, the placement of children, supervision, and direction are the same for both groups and will be discussed together. However, the methods and techniques of instruction for blind and partially seeing children are different and each will be considered separately.

ADMINISTRATION AND ALLIED SERVICES

Blind babies and young children usually come to the attention of the Special Education Department long before they are of school age. Referrals are made by parents, the Detroit Department of Health, eye specialists, hospitals, and pediatricians. A special-education home counselor calls on the family as soon as it is determined that a baby is blind. She visits at regular intervals thereafter to advise and instruct the parents in specific aspects of the care and guidance of the child. Blind children go directly from the home-counseling program to pre-primary classes in the schools. The children enter school as soon as they are ready; some, as early as three years of age.

Partially seeing children may go unnoticed until they have entered school and use their eyes for many close-work activities. These children usually have 20/70 corrected vision in the better eye, or less; yet they use vision as the chief avenue of learning.

Admission

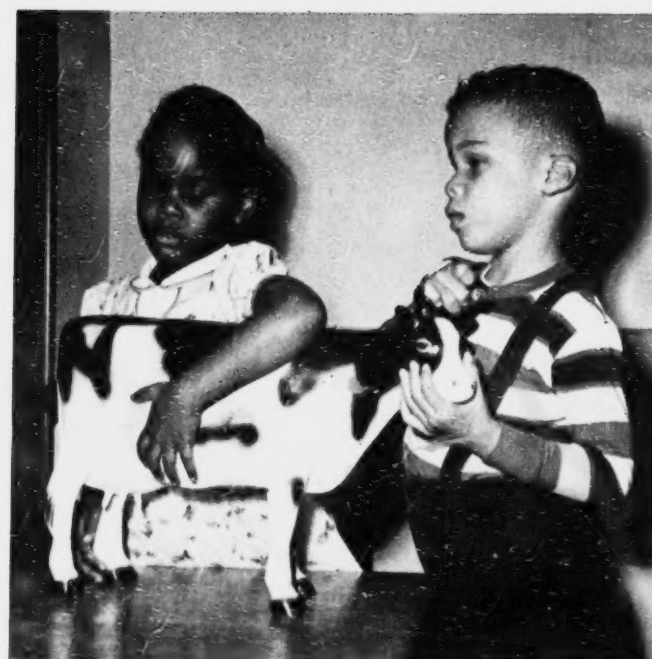
Candidates, whether blind or partially seeing, are admitted to the program through the Vision Clinic (which was established in 1948), after an eye specialist's report of the child's condition has been sent to the Special Education Office. Findings concerning vision and the extent to which it handicaps the child in learning, psychological reports, and school-progress records are used in determining both admission and release. All pupils in the department are given periodic check-ups at the Vision Clinic to note changes in eye conditions or school progress that may make them eligible for transfer from the department.



Books with large type help in sight conservation.



Students understand geometric forms through touch.



Young pupils get acquainted with the animal world.

Administration

The special rooms for blind and partially seeing children are in certain public school buildings throughout the city. Each class is under the direct administration of the principal in whose building it is located. The special teacher is part of the regular school organization. Problems relating to vision and certain teaching techniques are considered at meetings and workshops held by the department supervisor.

Teaching Personnel

The teachers must be specially prepared and certified by the State Department of Public Instruction. In addition to the teachers of blind children assigned in the classrooms and the home counselor, a music and a craft teacher travel from school to school to give instruction in their respective subjects. Crafts are an important part of the blind student's program since they enable him to develop manual skills, a sense of touch, and coordination. Music gives the blind child enjoyment for leisure hours and helps him to adjust socially in his home, school, and community.

All of the teachers of partially seeing children, except the teacher counselors, are assigned to classrooms. The teacher counselors give service to junior and senior high school partially seeing pupils who are not enrolled in a special class. They travel from school to school on a schedule as required and needed.

Pupils

At the present time, blind children are enrolled in 11 classrooms in the Detroit Public Schools. Nine of these classes are located in elementary schools, one in a junior high, and one in a senior high school. Since blind pupils require much individual instruction and guidance, class enrollment is limited to eight.

Partially seeing children are currently enrolled in 23 classes. Of these classes, 18 are in elementary schools, four in junior high schools, and one in a senior high school. As with blind children, several grade levels in each classroom and the varying eye conditions make much individual instruction necessary. In addition to the class membership, approximately 50 pupils are receiving special teacher-counselor service at the present time.

Research

The present research emphasis for visually handicapped pupils, especially the blind, is in the area of mobility and travel. Independent travel is necessary if the child is to lead a full life and realize his potentialities. In addition, much research is being done with low-vision aids in order to increase visual efficiency of children with even slight amounts of vision.

While the phases of the program described above are essentially the same, the instructional program will be discussed separately for blind and partially seeing pupils.

CURRICULUM AND SPECIAL EQUIPMENT

Blind

The blind child's curriculum follows that of the school in which his class is located. The extent of the blind child's integration within the school is dependent upon the individual child's capacities and interests. In elementary schools, the children receive part of their instruction, such as Braille reading and writing and type-writing, from the special teacher. For certain other subjects and activities they join the regular classes of the school.



The blind too learn expression, fullness of understanding, and breadth of vision.

Special equipment in classrooms for the blind consists of compartment desks for easy storage of the pupils' material: Braillewriters, typewriters for written communication, record players, radios, and tape recorders for learning by listening. Other materials are Braille books, world globes, dissected relief maps, and models of various kinds.

Blind pupils in junior and senior high schools take all of their classes in the regular program of the school. They return to the Braille room to complete assignments

under the supervision of the special teacher. The special teacher, frequently with the assistance of normally seeing students, prepares materials in Braille, reads certain lessons, and dictates assignments to the blind pupils.

Counseling and guidance are important phases of the special teacher's work, especially in junior and senior high schools. The first step includes keeping in close touch with the parents so that both home and school are working together for the best development of the child. The special teacher encourages pupils to take part in activities for which they are best suited. She also makes provisions for the time when the student completes high school and is ready for work training or further education.

Partially Seeing

As with the blind, the curriculum follows that of the school in which the class is located. Oral work and listening skills are emphasized. Adjustments in the amount of work, or more time for completing assignments, may be required. In elementary schools, the pupils receive part of their instruction, usually the language arts, mathematics, or social studies, and typewriting from the specially prepared teacher. For other subjects and activities they join the regular classes of the school.

School equipment and materials are chosen to make seeing easier. The desks are movable and have adjustable tops which bring the material close to the eyes for comfortable reading. Typewriters with large type (18 point) are used to increase speed of writing. Special materials include books with large type (18 and 24 point), paper that is unglazed, pencils with lead that is thick and soft, and large-size chalk.

Junior and senior high school pupils take all of their classes in the regular school program, including extracurricular activities. They return to the special-education classroom for study under the supervision of the special teacher, and frequently, with the help of normally seeing student readers. The special teacher assists the pupils in choosing suitable programs, prepares instructional materials, and secures regular-grade students to read lessons for the partially seeing. She instructs the students in the use of such equipment as magnifiers and recorders. Since the special teacher keeps in close touch with the home, she is able to give the partially seeing pupils counseling and guidance. In cooperation with the regular school counselors, she assists the students in making contacts for post high school education or work.

Program for

DEAF AND HARD-OF-HEARING CHILDREN

THE DETROIT DAY SCHOOL for the Deaf was organized in 1898 with four teachers and 37 pupils. It is both one of the oldest and one of the largest day schools for the deaf in the United States. Presently there are about 375 children enrolled in the total program. This includes children in programs for the deaf, the severely hard-of-hearing, the aphasic, the mentally retarded deaf, and the moderately hard-of-hearing. These children are served by 42 teachers, four teacher-counselors, two specialists, and one administrator.

ADMISSION AND EVALUATION CLINIC

Admission into and release from the Day School for the Deaf result from staff evaluation by clinic personnel: an otologist, a psychologist, a specialist in language, a specialist in speech, and an audiologist, with the principal as chairman. This staff also is responsible for initial educational placement and subsequent transfers within the deaf, hard-of-hearing, aphasic, teacher-counselor, or diagnostic teaching units. Close relationships are maintained with physicians and agencies, especially where problems require joint action.

ORGANIZATION

Educationally deaf and severely hard-of-hearing children attend classes at the Detroit Day School for the Deaf. Moderately hard-of-hearing children who are capable of part-time enrollment in regular elementary grades are cared for in the teacher-counselor program. This program for the hard-of-hearing reflects the philosophy of the Detroit Public Schools and the national organizations concerned with the education of hearing-impaired children. The national and international trend is toward returning children to the mainstream of general education as rapidly as is consistent with their ability to profit from the educational opportunities offered. These hard-of-hearing children are placed in six schools in various regions of the city. They are members of regular home-room classes and attend as many classes as possible with hearing children. Three teacher-counselors provide tutorial assistance, auditory training, and instruction in speech and lipreading for the hard-of-hearing children. A fourth teacher-counselor serves deaf and hard-of-hearing students in the secondary schools. Children who require intensive clinical teaching to make educational diagnosis possible are placed in a special diagnostic-teaching unit. The Day School also has three experimental classes for receptive aphasics.



A first-grade class develops language and reading for the hard-of-hearing.



Deaf or hard-of-hearing children learn number concepts in kindergarten.

Infant Clinic

Pre-nursery age children are seen in the Infant Clinic. Staff members work with the child and his parents during periodic appointments. Twenty-two of our present students graduated from the Infant Clinic between 1960 and 1963. The parents also are asked to attend the counseling meetings arranged for the parents of Nursery School children.

Day School Program

At three years of age, children who are ready for Nursery School begin an all-day program. Daily speech, specific language, lip reading, and auditory-training lessons are given on an individual basis. Indirect language, lip reading, speech rhythms, gross-sound training, and nursery school activities are carried out within the whole group. Parents meet periodically with teachers and staff personnel in a discussion and counseling program.

At the age of five, most children are ready for a kindergarten program in which individual teaching of language, speech, lip reading, and auditory training is provided for homogeneous groups consisting of from two to four children. Group teaching by a kindergarten teacher is used for rhythms, reading and number readiness, drill on language concepts, indirect lip reading, spontaneous speech, and the usual kindergarten activities.

By ascertaining the reading-readiness level, diagnosis of educational needs has been completed in most cases. The children are assigned to deaf, hard-of-hearing, receptive aphasic, diagnostic-teaching, and teacher-counselor programs as indicated by staff evaluation of individual needs. Since all aspects of the educational program are administered centrally, placement is flexible and children may be transferred within the program as needed without undue delay.

Children progress from one academic level to another from grades one through nine. Classes for slow learners and for the mentally-retarded deaf modify the curriculum further. Upon graduation, students enter Detroit high schools or trade schools with teacher-counselor assistance. Terminal students are referred to the local offices of Vocational Rehabilitation for special trade training and vocational assistance.

In addition to the usual academic subjects, art, vocational training, and physical education, all children have classes in lip reading, speech, language, and auditory training.

Class size varies from six to ten, depending upon the nature of the handicap and the age level of the children. All children are transported by chartered coach or special taxicab until they are able to travel independently.

Equipment

Each homeroom and each teacher-counselor center has a group hearing aid. These aids provide a higher level of amplification and more reliable quality control and fidelity than is possible with an individual aid. Almost all of the students also have individual aids, which they use for activities requiring movement away from desks and in the special-subject rooms.

Teaching Staff

Teachers are required to be certified as teachers of the deaf by the State Department of Public Instruction. The standards are comparable to those of the Conference of Executives of the Deaf and the Alexander Graham Bell Association.

TEACHER TRAINING PROGRAM

The Day School for the Deaf participates in a cooperative teacher-education program with Wayne State University. Methods, observation, and demonstration courses are given by members of the Day School staff. Supervised student teaching is done both at the Day School and in the teacher-counselor program for the hard-of-hearing. The Day School also accepts student teachers from other university training programs.

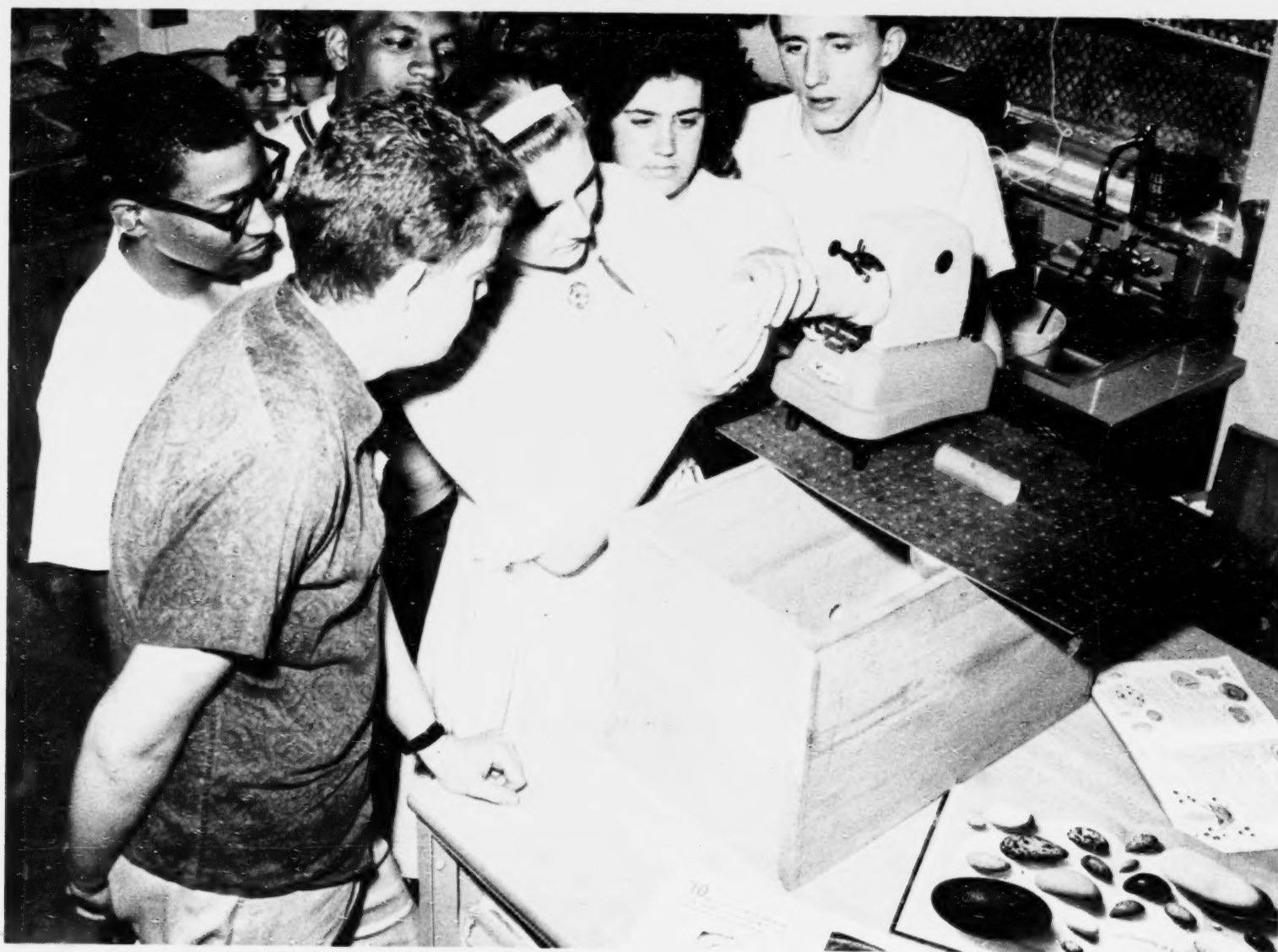
PARENT-TEACHER ASSOCIATION

Teachers cooperate actively with parents in programming adult discussion groups, in-service education, and in providing extracurricular activities. A parent-

teacher representative serves on the Advisory Board of the school. Many of the parent activities revolve around provision for students of activities and equipment in addition to those supplied by the Board of Education.

RESEARCH

Since 1959, the Day School for the Deaf has conducted two major research projects and has participated in four others. A Federal grant was received for research in the use of visible speech in teaching speech to the deaf. There has also been an extensive research project in the teaching of reading to the deaf. In addition, the school cooperates with doctoral students conducting studies in the area of sensory perception and discrimination.



Natural science is an interesting part of the program in the Detroit Day School for the Deaf.

Program for

ORTHOPEDIC AND HOMEBOUND CHILDREN



A student in the orthopedic program acquires a secondary school education at home.

THE HISTORICAL BACKGROUND of the schools for crippled children goes back to January 1910, when one room was opened at the Harris School. In September of the same year, the unit was moved to a wing of the Clinton School. In February 1919, Leland, the first of three schools for crippled children, was opened. It is a three-story building with ramps and an elevator and is now in its 46th year of service. The Oakman, which opened in 1929, is a one-story school built around a garden court. The White Orthopedic was established in 1957; it is a first-floor wing of the White School.

High school units were established in September 1962. Previously, children beyond the ninth grade were transported to either Cass or Commerce High Schools.

During various periods of expansion, several small units for crippled children were started in different parts of the city; however, as more adequate facilities within the new schools were provided, these units were closed. Two hospital school units were opened in 1926 and continued in operation as long as there was a need. The advent of new treatments and drugs greatly reduced the length of stay in the hospital school for most children.

ADMISSION AND RELEASE

Children with orthopedic difficulties may be referred directly to one of the orthopedic schools where examination clinics are held. Prior to examination by the orthopedic surgeon, the physical therapist takes a detailed history from the parents. Placement is determined by the findings of the orthopedic surgeon and physical therapist, together with reports from the private physician, or clinic, and the results of a psychological examination. On the basis of these recommendations the principal makes the final decision regarding placement. Problems of transportation and physical care must be taken into consideration.

The cardiologist holds clinics in the schools each month, at which time he sees children and reviews requests from private physicians and clinics for admission to these special schools. All children with convulsive disorders must be seen by appointment at the White Orthopedic School. When accepted for placement, children are enrolled in the orthopedic schools nearest their homes.

Medical specialists examine all children in orthopedic schools annually for state certification. Release from the orthopedic schools is determined by the same doctor who certifies the admission. Each year approximately 20 per cent of all children attending orthopedic schools is returned to regular grades.

Approximately 750 children, exclusive of those in the home-teaching program, are enrolled in the three orthopedic schools. Cerebral palsy and polio are the principal handicaps. The number of polio cases continues to decline.

PROGRAM

The program for the orthopedically handicapped has a threefold purpose: educational, exploratory, and therapeutic. In addition to the regular academic subjects, arts and crafts, health education, music, homemaking, woodshop, mechanical drawing, and printing are integral parts of the program.

The educational objectives for these children are the same as those for the children in regular schools. Facilities for modern instruction have been incorporated in the educational planning of these schools. Specific aims are to educate each child to the maximum of his ability, and to secure for each child independence and self-support through guidance and remedial treatment in mental and physical health, in social adjustment, and in vocational preparation.

Adaptations such as building modifications, transportation, special equipment, toileting, feeding, and medication are designed to meet specific needs.

Most adaptations of the regular program are for therapeutic reasons. Physical-therapy treatments, as prescribed in writing by private physician or clinic, are given in school clinics equipped and staffed to give remedial exercises and to achieve maximum restoration of physical function. A registered nurse is on duty full time. Speech correction is available with a teacher specially trained to work with other therapists in the training of handicapped children. Typing, normally not available in an elementary school, is offered to all pupils in grades six through nine and to selected younger children for whom it is the best, if not the only, method of communication. Psychological testing, provision for adequate lunches, and transportation to and from school are some of the additional services. Dental care is provided by the Department of Health.

HOME TEACHING

Home-teaching services were established in 1924. Home teachers are assigned to either the Leland or Oakman Schools. Originally, this program was intended for homebound orthopedic cases only; but later it was extended to include cardiacs, those with arrested tuberculosis, chronic illnesses, epilepsy, and other disabilities as approved by the Department of Special Education.

Home-teaching service was extended to two hospital schools in 1926; at one time, nine teachers taught in two hospitals, Sigma Gamma Hospital School near Mt. Clemens and Children's Hospital Convalescent Home at Farmington. With the advent of new treatments and medications, the enrollments in these two schools decreased until they were closed. Since that time, teaching service has been given to any hospital on an individual basis as the need arises. As private physicians and clinics have become aware of hospital teaching, there has been an increasing demand for this service.

Admission procedures to the home- and hospital-teaching programs are the same as those to orthopedic schools extended to include certification of the medical cases by specialists of the Department of Health. Teaching is provided for homebound and hospital-bound children in grades one through twelve who are physically unable to attend school for extended periods of time, preferably no less than one semester. The children receive instruction twice a week for periods of 55 minutes. Not more than 15 pupils are assigned to each teacher.

Home-teaching pupils in grades one through nine follow the same curricula as children in regular schools. At the high school level, the children usually enroll in two subjects with a maximum of ten credit hours. The home teacher visits the school they would normally attend, where a counselor assumes responsibility for evaluating the student's credits and outlines the program to be followed. A transcript of credits earned is submitted to the high school each semester. When the pupil is

ready for graduation, that high school issues the diploma.

TEACHER EDUCATION

Teachers in the orthopedic schools and teachers of the homebound are required to have specialized training and be approved by the State Department of Public Instruction. Arrangements are made there for directed teaching in the Leland, Oakman, and White Schools.



The severely handicapped have time to smile.

Program for

MENTALLY RETARDED CHILDREN

THE FIRST CLASS FOR mentally retarded pupils was opened in 1901. Since that time the program has evolved in number of pupils and organizational structure. Today, classes for mentally retarded are divided into the following groups: Trainable (Nursery, Primary, and Junior), Special A, Junior Special B, Senior Special B, and Junior and Senior High School Special Preparatory. Each area will be discussed below.

ADMISSION

Children are placed in one of the programs for the mentally retarded after a certified school diagnostician from the Psychological Clinic has made a careful individual evaluation and recommended such placement. Criteria for placement include intelligence quotient; medical, social, and school-history data; and emotional and

social adjustment. The teacher and the school principal generally refer pupils to the Psychological Clinic for evaluation. In some instances, family physicians, clinics, and social agencies may refer children.

Any later change in the original clinic recommendation may be made by the Psychological Clinic in cooperation with the Department of Special Education after a pupil-adjustment report is submitted by the school.

ADMINISTRATION AND ALLIED SERVICES

Junior and Senior Special Preparatory classes are located in secondary schools; the other types of classes are generally housed in elementary buildings or special schools. The rooms for the younger groups are single units; whereas, whenever possible, the Junior and Senior



In a class for trainables, pupils learn the connection between objects and words.

Special B classes are brought together in larger groups, providing a well-balanced instructional program for girls and boys. Pupils in the special classes participate in the regular school program whenever such participation enhances the learning of the retarded children.

TRAINABLE MENTALLY RETARDED

Children enrolled in the Trainable program range in age from four to eighteen years and have an intelligence quotient of 30 to 55. Pupils in the nursery group (ages four to eight) attend school for a half-day. Those in the older-age groups: primary (ages nine to twelve) and junior (ages thirteen to eighteen) have a full school day. The curriculum emphasizes attitudes, skills, and basic information which help to develop the child to his maximum potential.



Simple daily tasks can be interesting and helpful for trainables.

EDUCABLE MENTALLY RETARDED

Special A

The Special A curriculum emphasizes purposeful learning experiences and academic skills that will meet the children's needs and capacities. Physical education

activities, crafts, and music are included in the program. Boys and girls attend a full school day. They range in age from six to eleven, and have intelligence quotients between 55 and 75.

Junior Special B

The Junior Special B program is a transitional step between the Special A and Senior Special B program. Students enrolled in these classes are eleven to fourteen years of age. They are normally given a half-day of academic work and a half-day of pre-vocational training in a multipurpose room, where experiences in cooking, woodworking, sewing, and crafts teach them practical skills and serve to develop desirable traits.

Senior Special B

The instructional program on the Senior Special B level includes pre-vocational as well as vocational experiences. The students are from fourteen to eighteen years of age. Fine arts, health education, and academic subjects are included in the program. Although the Senior Special B program may be terminal for some students, the opportunity for promotion to junior and senior high school Special Preparatory classes is possible when certain standards are met.

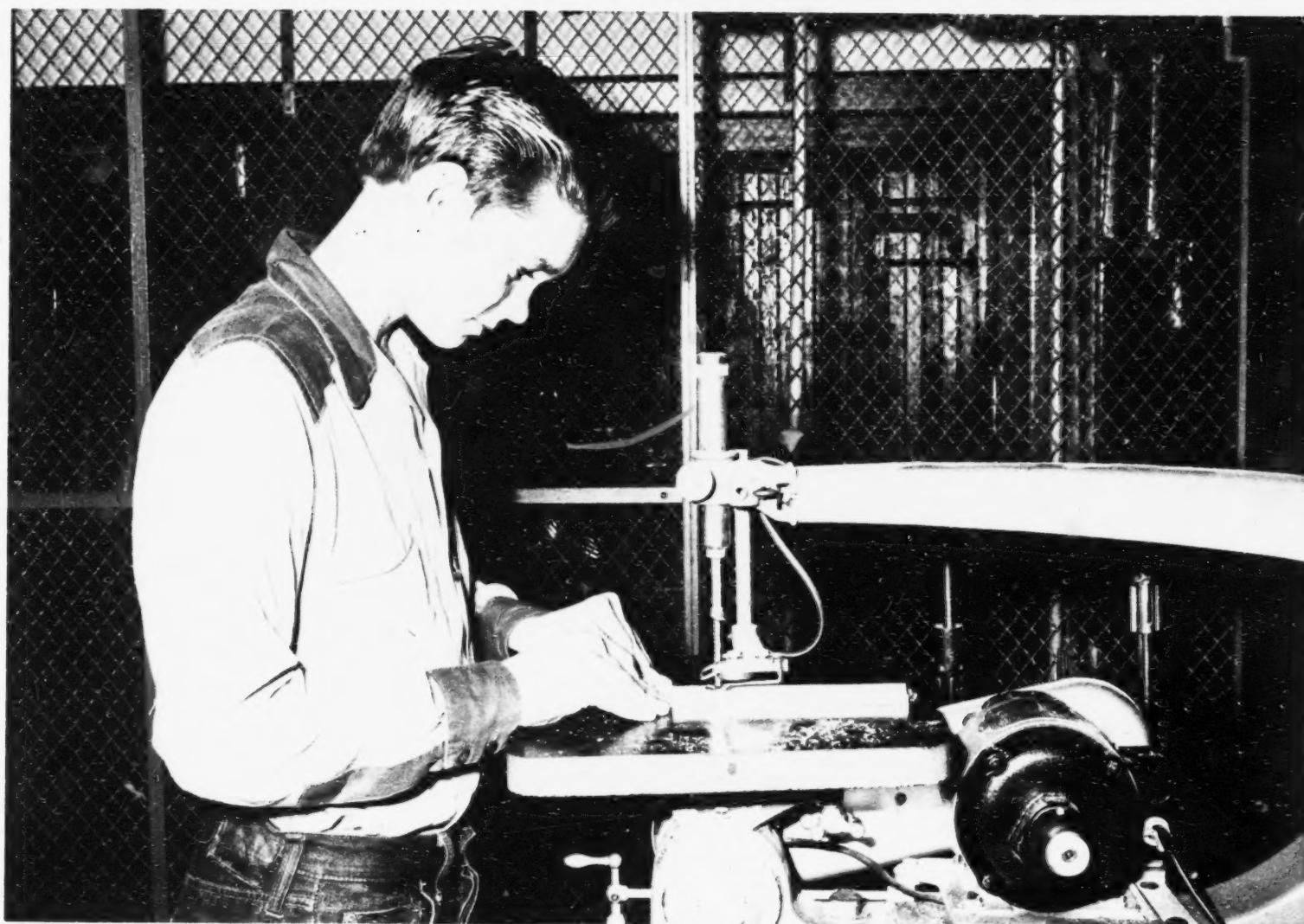
Special Preparatory

Selected pupils from the Senior Special B units are promoted into junior high school Special Preparatory classes at about the age of fifteen years. These boys and girls must meet the following specific criteria to be eligible for this promotion:

1. A minimum chronological age of fifteen years;
2. A minimum average of 3.5 grade equivalent or better, based on a standardized test; and
3. Above average social adjustment.

A portion of the instructional program is under the direction of the special-education teacher. In most instances, these pupils join with the regular grades in shop and health education classes. Students enrolled in junior high school Special Preparatory classes earn the equivalent of ninth-grade credits. After they have spent at least one year in one of these classes, they may be eligible for promotion to a senior high school Special Preparatory program. The criteria for promotion into these advanced classes are:

1. A minimum chronological age of sixteen years;



Learning vocational skills will assist this student in becoming self-supporting.

2. At least one year of successful work in a junior high school Special Preparatory class;
3. An average grade equivalent of 5.0 or better on a standardized achievement test; and
4. Above average social adjustment.

Senior high school Special Preparatory pupils have some of the basic subjects in the special classroom with the special-education teachers. Other subjects such as vocational education, science, art, and music are provided in the regular high school program with non-handicapped pupils. Boys and girls entering a senior high school Special Preparatory class begin earning tenth-grade credits and may proceed, if capable of successfully completing all of the courses, through the twelfth grade, after which they are given a regular high school diploma.

TEACHING PERSONNEL

Teachers of the mentally retarded must meet the certification requirements of all teachers and also complete special-education courses leading to state approval to teach these children. The teacher-training program includes a background in the education of the regular-grade child as well as a knowledge of instructional methods and materials suitable for teaching retarded children.

CURRICULA

A Curriculum Guide for Teachers of Mentally Retarded Pupils was constructed by special-education teachers, supervisors, and others as a source for the lesson planning at all levels. This guide was developed so that the teacher might better aid the child in achieving basic knowledge of tool subjects, good health habits, and occupational and social competence.

Program for

SOCIALLY MALADJUSTED CHILDREN

EVEN WELL-ADJUSTED children need guidance and emotional support in meeting some of their difficulties. Many regular-grade teachers with good grounding in child growth and development are able to help children with problems, often working with parents, visiting teachers, social workers, probation officers, and clinics to achieve success in a child's adjustment.

However, some children are so deviant in their behavior, so lacking in inner controls, that their continuation in the regular grades can result only in further damage to themselves, injury to others, or chaos in the classroom. For this type of child, Detroit established its Ungraded schools and classes. In Ungraded classes, the child who is incapable of meeting society's standards at home, in school, and in the community is given a special program designed to help him achieve to his maximum capacity and learn how to make appropriate social adjustments. With specially trained teachers, he is placed in a small group so that he can obtain much individual attention in a therapeutic environment.

Classes for socially maladjusted boys, which were established in 1883, were the first special-education programs offered in the Detroit Public Schools. Known today as Ungraded classes, this program serves the public schools in the following ways:

1. By relieving the regular grades of serious behavior problems;
2. By working with the boys individually to determine the causes of their difficulties and how to overcome them;
3. By conducting research and investigation in the area of the socially maladjusted which can be valuable in handling of beginning problems in regular schools;
4. By cooperating with the various social and law-enforcement agencies interested in the boys or their families;
5. By discovering the types of boys who will need permanent social supervision before compulsory school attendance ceases and referring them to social agencies for institutional or supervisory care; and

6. By assisting boys who have made good social adjustments to a school placement that seems wise and limits the probabilities of failure.

ADMINISTRATION AND ALLIED SERVICES

The Ungraded Department maintains 33 Junior Ungraded classes for boys between the ages of seven and twelve. The classes are organized as homerooms in regular elementary schools to serve several schools in the region. Visiting-teacher service is provided for many students enrolled in the program.

Six Senior Ungraded centers or schools of observation are located in various parts of Detroit for maladjusted boys over twelve years of age. Although all of these schools, with the exception of one, are located in the wings of large elementary schools, they are completely segregated and organized like regular schools with their own classrooms for academic work, an auditorium, a gymnasium, shops, and a library. In addition to the specially trained principals and teachers, each school has on its staff a consulting psychiatrist and psychologist, and a full-time visiting teacher.

The educational program at the Wayne County Youth Home and the D. J. Healy Shelter is also under the supervision of this Department. The Youth Home School, located in the wing of the Youth Home, consists of several classrooms, shops, a gymnasium, and library facilities. Here, a twelve-month program is provided for any school-age child placed in detention by the Juvenile Court. The D. J. Healy Shelter for non-delinquent children is located at Patton Park. Both of these facilities are considered to be outstanding in the nation.

ADMISSION AND RELEASE

Pupils enter Ungraded classes by transfer, usually authorized by a field executive after the Psychological Clinic has made a detailed study of the case and has recommended Ungraded placement. Each entrant to the Ungraded division is given a battery of physical, psy-



A visiting teacher's guidance is an important part of the program.

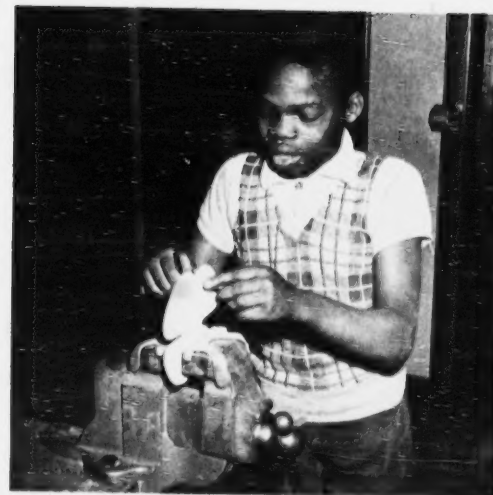
chological, and social examinations. Every effort is made to have remedial defects corrected, to orient the boy to the schools' facilities, and to discover any special talent.

Since the primary purpose of the program is to rehabilitate the pupils, teachers strive to help them adjust so that they may be returned to the regular grades or other special classes as soon as possible. Boys with an intelligence quotient under 75 will adjust better in classes for slow-learning children. Usually, for obvious reasons, those who are returned to regular grades are not placed in the school from which they enter. The pupils are released or transferred by authorization of the principal or field executive, in cooperation with the Department of Special Education.

CURRICULA

Usually fifteen pupils are assigned to a teacher. Regular-grade courses of study are modified to meet the needs of the pupils. Special emphasis is given to the language arts and arithmetic. It has been found that many behavior-problem boys have definite reading disabilities; others are retarded in mathematics. For these reasons, remedial techniques are especially helpful and are employed by all teachers of Ungraded classes. Individual counseling is an integral part of the total program.

The program is well balanced through the provision of a variety of activities. Prominent among these are industrial-arts subjects. Instruction is provided in wood, metal, household mechanics, and mechanical drawing. Experience in arts and crafts shops and in music, both vocal and instrumental, gives the pupils opportunities for creative expression. Health education is likewise an essential part of the daily program. Vigorous



Ungraded boys often find themselves through meaningful activities.



Shop experience is a part of a program for learning to adjust.

participating activities are favored, as these help the teacher in his attempts to teach the rules of courtesy, fair play, and good sportsmanship.

CONCLUSION

It is hoped that the Ungraded classes are instrumental in providing a haven and a constructive program until the child can cope with his adjustment problems and return to regular grades. Others, who need intensive help such as can be provided only in an institutional setting, are kept under observation in the special classes and referred to the appropriate social agencies. Teaching in the Ungraded Department is particularly challenging because, while the world searches for increased knowledge in human behavior, the schools must work with the personalities already damaged and try to rehabilitate them. The job is not only one of prevention and early detection, but correction and salvage.

Program of

SPEECH CORRECTION AND HEARING CONSERVATION

THE DETROIT PUBLIC SCHOOLS Speech Correction and Hearing Conservation program began in September 1910 as a clinical and group-therapy program. Two teachers, Miss Clara B. Stoddard and Miss Lillian Morley, were assigned to provide speech correction for 100 stutterers. Miss Stoddard was assigned in 1919 as the first public school supervisor of speech correction. The program has gradually expanded to one for all types of speech-handicapped pupils with a staff of sixty-nine full-time and twelve part-time, fully qualified teachers of speech correction and hearing conservation.

NUMBER OF STUDENTS

Approximately 14,000 pupils are registered annually in 260 speech correction centers, located in elementary schools, junior high schools, senior high schools, and special schools. Public, private, and parochial schools without speech correction service send pupils to these centers.

ADMISSION

Pupils may be referred for speech correction, auditory training, and/or speech reading by parents, physicians, dentists, nurses, school personnel, or others. Many pupils are referred for training at the time of the speech survey held annually in March in all public schools. Classes in speech correction and auditory training are organized during the second week in September. Pupils may enter classes from September through May and are excused from classes as soon as they have improved sufficiently to warrant it. Some of the speech problems with which speech and hearing teachers work include stuttering, articulation, voice, delayed speech, language disorders, and those associated with mild and moderate hearing losses.

SPEECH AND HEARING CLINIC

The Speech and Hearing Clinic began as a metropolitan-area cooperative diagnostic, therapy, and teacher-education program with Wayne State University in September 1939. Since that time, Wayne State University and other speech and hearing clinics have assumed the responsibility for referrals from the metropolitan area. The Detroit Public Schools Speech and Hearing Clinic limits its appointments to Detroit resident pupils.



Speech development for pre-school children is shown here.

Approximately 2,600 appointments are given annually for speech and hearing evaluations and consultations with parents and teachers. Approximately 1000 of these appointments are with parents of pre-school children, with a distribution of the remaining appointments at all school ages and grade levels. Individual diagnostic speech tests and audiometric puretone and speech-reception hearing tests are given when indicated. Otological examinations are given when they seem advisable and the staff members and parents need this additional information for consultation and medical referrals. Individual psychological examinations are also provided for pupils with multiple speech, hearing, and language handicaps in order to provide better understanding of their problems and careful planning of therapy. Appointments in the Speech and Hearing Clinic are scheduled Monday through Friday during the regular school year.

HEARING CONSERVATION

The present Hearing Conservation program began in 1951 as a cooperative program with the Department of Health and the referral of pupils to the Speech and Hearing Clinic from an experimental hearing-screening program in 29 parochial schools. The Detroit Public Schools' puretone, individual audiometric-hearing testing program began in September 1952, with tests given to fourth-grade pupils in 78 public schools. This program increased until, at present, puretone, individual audiometric-hearing tests are now given in all 312 Detroit



An auditory trainer is being used here for development of speech and auditory discrimination.

Public Schools. Annual screening tests are given to all pupils enrolled in kindergarten, third, and sixth grades, junior and senior high school pupils not tested previously, and all pupils having a history of, or suspected of having, a hearing loss.

Pupils new to the system from any grade, or not previously tested, or felt to be in need of further testing will be handled on a referral basis from any source in their schools and will be followed through by the assigned speech and hearing teachers.

Pupils who fail the screening tests are given complete threshold tests to determine the degree of hearing loss. The following recommendations may be made by the speech and hearing teacher immediately following the audiometric tests in the schools:

Medical care to prevent permanent or increased hearing loss;

Favorable seating in the classroom to improve academic or social adjustment;

Lip reading, auditory training, and/or speech correction;

Audiometric retests and/or otological examinations at the Speech and Hearing Clinic.

TEACHING PERSONNEL

All teachers assigned to the Speech and Hearing Department are fully approved for speech correction, auditory training, and lip reading. Those assigned to the Hearing Conservation program have additional training in audiology. The Detroit program has been strengthened by the unified cooperative program of speech and hearing with Wayne State University and the Detroit Day School for the Deaf.

Since the establishment of the Speech Correction program, staff members have cooperated in the teacher-training program. At present, speech-correction student teachers are assigned to all divisions of the Speech Correction program.

Specifications for speech rooms in new buildings and those being rehabilitated make it possible for the speech-correction teacher to carry out an efficient clinical, teaching, therapeutic program. Speech-correction rooms must meet minimum requirements before a speech-correction center is established in a school.

NON-TEACHING PERSONNEL

An otologist and a public health nurse are provided through the cooperation of the City Department of Health. Children requiring otological examinations are referred to this medical specialist.

RESEARCH

This department is at present cooperating with Wayne State University on two separate research projects. It hopes to continue this cooperation as well as initiate several projects of its own.

ALLIED SERVICES

This department will forever be indebted to its immediate past supervisor, Miss Hildred Gross. One of her many major contributions to its growth and development was that of establishing a fine spirit of cooperation and sharing of information with many related agencies. Children's, Receiving, Ford, and Sinai Hospitals; Rehabilitation Institute of Metropolitan Detroit; The Children's Center; Wayne State University; and Family Service Society are a few of the agencies which cooperate to the ultimate goal—help to speech- and hearing-handicapped children.

An auditory diagnostic evaluation is being taken of a high school student referral.



Program for

CHILDREN WITH SPECIAL HEALTH PROBLEMS

HEALTH CONSERVATION classes provide special programs and services to pupils with special health problems so that they may profit to the fullest extent from their educational program. The first Health Conservation school was opened in 1912 through the efforts of the Detroit Tuberculosis Society. Later several additional schools were opened. In 1921 Health Conservation classes were instituted to supplement the program provided in the special schools.

In the early stages of the program much emphasis was placed on the control and prevention of tuberculosis. As the program developed, children with mild cardiac conditions and those suffering from severe malnourishment became eligible for enrollment. In 1943, eligibility for enrollment was expanded to include pupils who were convalescing, pupils with mild choreic or post rheumatic conditions, and those children of generally poor health. A recent survey disclosed that children in these classes had been admitted for many reasons; such as anemia, asthma, cardiac and rheumatic-fever involvements, chronic illness, and convalescence from accident and surgery.

ADMINISTRATION AND ALLIED SERVICES

Presently there are 16 Health Conservation classes. Educational programs are also provided in the Herman Kiefer Hospital and Maybury Sanatorium for pupils who have been hospitalized because of tuberculosis.

ADMISSION AND RELEASE

Children are admitted to Health Conservation classes upon the request of physicians, nurses, parents, and teachers with the approval of the principal of the school in which the class is located. Enrollment precedence is given to cases referred by the Department of Health. In most instances, children remain in the Health Conservation program no longer than two years. The length of time depends on the need of the individual. Children are released to regular grade with the approval of the principal upon recommendation of the teacher, school nurse, or the person or agency who requested their placement.

CURRICULA

The curriculum for pupils of lowered vitality parallels that of the regular grades, which makes return to such placement less difficult. Generally, the children attend some classes with regular-grade pupils in the same building such as social studies, science, and literature. Since part of the school day is taken out for rest and feeding, subjects such as art, music, library, auditorium, and gym are eliminated or their time allotments reduced. It is necessary for the special teacher to carefully organize the daily schedule, because often ten or more half-grades are represented; and each child's program must be individualized with respect to his educational, physical, and emotional needs.

TEACHING PERSONNEL

The Health Conservation teacher has been specially educated to understand the human body, nutrition, hygiene, and diseases. Thus, she is able to act as an effective liaison agent among the various adults concerned with the pupil's welfare. The aim of the teacher is to support the child and help him grow within his own sphere of mental and physical ability. She helps the child to accept the boundaries within which he may operate, always being alert for any change that will restrict these boundaries or any that might extend them beyond the Health Conservation classroom and back to the regular grades.

CONCLUSION

The advantages of the program for children with special health problems should not be underestimated. Many children in our modern urban society, temporarily debilitated as a consequence of poor health, may require the special assistance provided in the Health Conservation room if they are to make suitable adjustments to the educational program of the public schools. In this semi-sheltered environment, such children are given opportunities to progress academically, while recovering their health, so that upon their return to regular-grade classes, they may be placed in the grade with their peers without having lost any of the basic educational skills and knowledges.

Program for FOREIGN CHILDREN



Young immigrants learn communication by identifying their native lands.

SPECIAL FOREIGN CLASSES are established for children recently arrived in this country whose language difficulties prevent regular-grade placement. The specially prepared teachers give intensified language work, which enables the children to speak, read, and write English soon after they enter the program.

When a non-English speaking foreign child reports to his neighborhood school, he is referred to the nearest school having a Special Foreign children's class. Pupils are admitted through the principal of the school in which the class is located, and enrollment is usually limited to children between the ages of eight and twenty.

Younger foreign children are generally enrolled in the kindergarten or first grade of their neighborhood schools where, since emphasis is placed on oral work, these children readily learn to speak and understand English.

Pupils usually remain for a year in the Special Foreign classes, although some need a longer period of instruction. The school principal, in consultation with the Special Foreign class teacher, releases the children when they have learned enough English to adjust to the regular classes. Achievement tests are given as a basis of grade-level placement.

Transportation of

PHYSICALLY HANDICAPPED AND TRAINABLE MENTALLY RETARDED PUPILS

Almost since the beginning of special-education schools for physically handicapped pupils, their transportation was provided to and from school within the city limits of Detroit. This service is furnished without cost to parents.

Prior to September 1961, only coaches were used, each with a specially selected coach attendant to assist pupils on and off the coach, maintain order, and safeguard the welfare of the children while in transit. In September 1961, a new concept of transportation was evolved whereby all blind, partially seeing, and orthopedic high school pupils were transported by taxicab.

The supplemental use of taxicabs was based on the desire to reduce the travel time of some of the pupils residing in peripheral areas of the city.

ELIGIBILITY FOR SERVICE

Transportation service from home to school and return is provided only those pupils who are seriously physically handicapped with such disabilities as muscular dystrophy, cerebral palsy, epilepsy, post-polio, severe cardiac, and others whose physical condition restricts them from attending regular school or using public transportation. In addition to this group, pupils enrolled in classes for trainable mentally handicapped are transported. In all cases, however, pupils must be registered in special-education classes for the physically handicapped or in a specially selected group of the mentally retarded.

Before any child is given transportation, he must be approved by an established Board of Education clinic instituted for this purpose. When approved, the child's name, address, school, type of handicap, and other pertinent information are forwarded to the transportation office for assignment to a coach or taxicab route. Most elementary orthopedic and deaf pupils are transported by chartered coach and some by taxicab. All blind, partially seeing, orthopedic high school, and trainable mentally handicapped pupils are transported by taxicab.



A coach attendant aids a physically handicapped pupil.

EXTENT OF SERVICE

The coach service utilizes City of Detroit transportation equipment on a chartered basis, and the taxicab service is handled by three of the larger taxicab companies on a prorated basis of capacity. All pupils must be picked up within the city limits, and tuition pupils are required to have a Detroit address to qualify for this service.

COST OF TRANSPORTATION

The cost of the coach service is at a rate per mile for the total distance each morning from a terminal, over a designated route to the school, and return to the terminal. The procedure is reversed in the afternoon.

The taxicab cost is based on the regular fare, starting at the first pick-up to the school in the morning and from the school to the last stop in the afternoon. The charges are set at the beginning of the school year and remain so, subject to change in school or pupils, which would naturally affect the distance of travel.

There is a constant review of coach and taxi routes in order to reduce mileage whenever possible by consolidation. When transfers between schools occur, taxicab routes can be adjusted to shorten the distance and, consequently, the cost.

Special Education

VOCATIONAL REHABILITATION PROJECT

THE DETROIT SPECIAL EDUCATION—Vocational Rehabilitation Project is a cooperative program sponsored by the Detroit Public Schools' Department of Special Education, the Michigan Department of Public Instruction Division of Vocational Rehabilitation, and the United States Office of Vocational Rehabilitation. It merges the efforts of these agencies in an attempt to bring about satisfactory vocational adjustment for handicapped teen-age youth. The project, a five-year demonstration and research study, provides intensively coordinated educational and rehabilitation services for 15—18 year-old mentally retarded or physically handicapped boys and girls who are educable. Pupils eligible for the program are received from the Detroit Public Schools, Department of Special Education.

The purpose of the project is to demonstrate and measure the extent and effect of such services as are required to bring about a satisfactory transition into the world of work. The project proposes to determine these youths' adequacies and to counter deficiencies found to exist which may inhibit employability.

Upon entering the project, clientele become engaged immediately with specialists trained to provide the services expected to move these least employable youth in the direction of occupational success. The staff personnel who carry out the demonstration and research are the project director, Rehabilitation services coordinator, Rehabilitation counselor, school psychologist, personal skills evaluator, pre-vocational skills evaluator, vocational skills Rehabilitation evaluator, social group worker, job placement agent, and research coordinator.

Programs and Services

SEPTEMBER

TYPE OF SERVICE	AGES OF PUPILS	ELIGIBILITY OF PUPILS
Classes for Blind Children	3-21 years	Total blindness or corrected vision below 20/200. Unable to read print.
Home Counseling of parents and their babies or pre-school children	Birth to Approx. 10 years	Pre-school and homebound blind children.
Classes for Partially Seeing Children	6-21 years	Corrected vision below 20/70 or a serious progressive eye condition. Must be able to read print.
Teacher-Counselor Program for Junior and Senior High School Pupils	Approx. 12-18 years	Not now attending Classes for Partially Seeing. Admittance is through same procedure as for other partially seeing children.
Schools for Orthopedic, Cardiopathic and Epileptic Children	5-21 years	Orthopedic conditions and severe cardiacs. Epileptics with uncontrolled or daytime seizures.
Home Teaching for Homebound Children	6-25 years	Orthopedic, severe cardiacs, and medical cases physically unable to attend school for at least one semester.
Classroom and Bedside Instruction for Children in Hospitals	6-25 years	Hospitalized children of school age who are medically certified.
School for Deaf and Hard-of-Hearing Pupils	3-21 years	Complete loss of hearing or a severe hearing loss which makes it impossible to function in a regular grade even with the help of a hearing aid, lip reading, and favorable seating.
Teacher-Counselor for Hard-of-Hearing Pupils	5-21 years	Certified hard of hearing children who can work part time in regular grade but need some special assistance from a trained teacher-counselor of the deaf.
Classes for Foreign Children who are Non-English Speaking	8-21 years	Foreign children who do not understand English. Pupils under 8 years of age can usually be adjusted in their neighborhood schools.
Classes for Children of Lowered Vitality (Health Conservation)	7-15 years	Mild cardiac; anemic; malnourished; tuberculosis contact; convalescing; hyperactive; slight choreic; low resistance to illness; postrheumatic; and others of lowered vitality.
Classes for Mentally Retarded Children	6-21 years	Mental retardation based on individual psychological examinations by certified school diagnostician; IQ generally between 30-55 for pupils in the Trainable program and IQ 56-75 for pupils in the Educable program.
Trainable		
Nursery	6- 8 years	
Primary	9-12 years	
Junior	13-18 years	

in Special Education

1965

TYPE OF SERVICE	AGES OF PUPILS	ELIGIBILITY OF PUPILS
Classes for Mentally Retarded Children Educable		
Special A	6-11 years	
Junior Special B	11-14 years	
Senior Special B	14-21 years	
Junior High School and Trade School	15-18 years (selected)	
Special Preparatory		
Senior High School	16-21 years (selected)	
Special Preparatory		
Farrand Special School	15-21 years Sr. Sp. B 15-18 years Jr. High Prep. (selected)	Selected Senior Special B and junior high school Special Preparatory girls who have demonstrated high potential for acquiring employment skills.
Speech and Hearing	Pre-school to 25 years	All types of speech limitations such as delayed speech and/or language, stuttering, cleft palate, voice, and articulation. Mild and/or moderate hearing loss.
Classes for Socially and Emotionally Maladjusted Children	7-18 years	Serious social or emotional maladjustment. Based on pupils' behavior in school and community.
Junior Ungraded Boys	7-12 years	
Schools of Observation for Senior Ungraded Boys	12-18 years	
Classes for Senior Ungraded Girls	12-18 years	
Youth Home School	8-17 years	
D. J. Healy Shelter	5-17 years	
Detroit Special Education—Vocational Rehabilitation Project	15½-20 years	Selected educable mentally retarded and physically handicapped boys and girls who meet criteria for entrance. Limited to pupils enrolled in special education classes located in Regions 7, 8, and 9.
A work skills education and placement program for handicapped youths, together with an evaluation of factors relating to vocational success		

CHARTERED COACH AND TAXICAB SERVICE is provided for crippled, severe cardiac, epileptic, and Trainable mentally retarded pupils; and for young deaf, blind, and partially seeing boys and girls. A male or female attendant accompanies children on all coaches. Each taxicab has a regular driver who is personally responsible for his pupil passengers.

Conclusion

For the past several years approximately 20,500 pupils have been enrolled in one of the several programs of special education in the Detroit Public Schools. Nearly 50 per cent were in the speech correction classes, 35 per cent in the program for mentally retarded children, 7 per cent in the classes for ungraded pupils, and the remaining 8 per cent in programs for the physically handicapped.

Enrollment trends, over the past decade, show an increasing number of pupils in classes for the mentally

retarded, socially maladjusted, blind, and speech-handicapped; approximately the same number of programs for the hearing-impaired and orthopedic-handicapped; and a decreasing number in classes for the partially seeing, epileptic, health-conservation, and foreign-born.

The Detroit Board of Education has repeatedly stated its interest in providing the best possible program of special education in the Detroit Public Schools. Every responsible administrator, supervisor, and teacher strives to reach this goal.

